

# **Clover** **Pennsylvania**

## **2018 Summary of Benefits**



Available in Bucks county



**2018**

# Summary of Benefits

## **Clover Health PA Green (PPO)**

This is a summary of drug and health services covered by Clover Health PA Green (PPO) for the plan year: January 1, 2018 - December 31, 2018.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage.”

This information is available for free in other languages. This document is available in other formats such as Braille and large print. Please call our Member Services Department at 1-888-657-1207 (TTY users should call 711). Hours are 8 am–8 pm, local time, 7 days a week. From February 15 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Esta información está disponible de forma gratuita en otros idiomas. Póngase en contacto con nuestro departamento de Servicios al Cliente al 1-888-657-1207 (los usuarios de TTY/TDD deben llamar al 711) para más información. Nuestro horario de atención es de 8 am a 8 pm (hora del este), los 7 días de la semana. Entre el 15 de febrero y el 30 de septiembre tecnologías alternativas (por ejemplo, correo de voz) serán utilizados los fines de semana y días festivos.

Clover Health has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for these services.

For information about prescription drugs covered, please see the plan’s Formulary. For information about providers and pharmacies in our network, you can ask for a current directory to be mailed to you by calling Member Services (phone number is listed above) or you can search for a provider or download a provider directory by visiting <https://www.cloverhealth.com/en/members/findprovider>.

To join Clover Health, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Pennsylvania: Bucks.

To learn more about the coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Clover Health PA Green (PPO) with a Medicare contract. Enrollment in Clover Health depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

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## WHAT TO EXPECT FROM CLOVER

Clover plans provide benefits designed with your health in mind, different from those offered by Original Medicare. We're here to help you understand your coverage and care. Your Evidence of Coverage (EOC) document is the source of truth for what's covered by your plan.

This Summary of Benefits explains how to learn more about your plan and coverage: Medical (Part C), Supplemental Benefits, and Pharmacy (Part D). Each section contains information about the benefits of your plan, followed by a table summarizing those benefits and their share of cost. If you have additional questions please contact Clover's Member Services Department at 1-888-657-1207 for further assistance.

## HOW TO CONTACT US

Clover communicates with members by telephone and mail. We are able to receive communication from members by fax.

We provide free aids and services to people who need additional help to communicate effectively with us, such as:

- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services at 1-888-657-1207. TTY users should call 711. Hours are 8 am–8 pm, local time, 7 days a week. From February 15 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

If you believe that Clover Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Clover Health Attention: Appeals and Grievances PO Box 471 Jersey City, NJ 07303 Phone: 1-800-657-1207 Fax: [1-866-508-0865](tel:1-866-508-0865).

You can file a grievance by mail or by fax. If you need help filing a grievance, the Clover Health Appeals and Grievance Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## WHEN AND WHY TO CONTACT CLOVER

If you have any questions about your Clover plan and its coverage, the care you receive, or extra help paying, please contact Clover Member Services Department at 1-888-657-1207. Hours are 8 am–8 pm, local time, 7 days a week. From February 15 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Here are some examples of the things Member Services can assist you with:

- Using your Evidence of Coverage document to understand your benefits
- Learning what is covered by your plan
- Estimating the cost of covered services or items
- Accessing care
- Understanding our network of providers
- Using our supplemental benefits, like vision, hearing, dental, and incentives
- Updating your address or other demographic information
- Getting additional help paying for your health care

Visit our website at <https://www.cloverhealth.com> to find additional resources.

- Check benefits for each of our plans
- Use our Provider Database to locate a doctor
- View your plan's formulary
- Access digital copies of plan documents

## UNDERSTANDING PLACES OF SERVICE

Your share of cost for some of our benefits varies based on where the service takes place. Where it's medically appropriate, you may be able to discuss the place of service for some benefits with your provider in advance. Below are some examples of places of service:

- **Hospital** - A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical) and rehabilitation services by or under the supervision of physicians, to patients admitted for a variety of medical conditions.
- **Ambulatory Surgery Center (ASC)** – An Ambulatory Surgical Center is an entity that operates exclusively for the purpose of furnishing outpatient surgical services to patients not requiring hospitalization and whose expected stay in the center does not exceed 24 hours.
- **Office** - Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
- **Skilled Nursing Facility (SNF) Care** - Skilled nursing care and rehabilitation services provided on a continuous, daily basis, in a skilled nursing facility. Examples of skilled nursing facility care include physical therapy or intravenous injections that can only be given by a registered nurse or doctor.

## GLOSSARY OF OTHER IMPORTANT TERMS

Here's what we mean when we use the following terms in this document (as for a complete list of terms, please refer to the glossary section in your Evidence of Coverage):

**Coinsurance** - An amount you may be required to pay as your share of the cost for services or prescription drugs after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

**Copayment (or “copay”)** - An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or a prescription drug. A copayment is a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.

**Cost-Sharing** – Cost-sharing refers to amounts that a member has to pay when services or drugs are received. (This is in addition to the plan's monthly premium, if applicable.) Cost-sharing includes any combination of the following three types of payments: (1) any deductible amount a plan may impose before services or drugs are covered; (2) any fixed “copayment” amount that a plan requires when a specific service or drug is received; or (3) any “coinsurance” amount, a percentage of the total amount paid for a service or drug, that a plan requires when a specific service drug is received. A “daily cost-sharing rate” may apply when your doctor prescribes less than a full month's supply of certain drugs for you and you are required to pay a copayment.

**Cost-Sharing Tier** - Every drug on the list of covered drugs is in one of five cost-sharing tiers. In general, the higher the cost-sharing tier, the higher your cost for the drug.

**Deductible** - The amount you must pay for health care or prescriptions before our plan begins to pay.

**Evidence of Coverage (EOC) and Disclosure Information** - This document, along with your enrollment form and any other attachments, riders, or other optional coverage selected, which explains your coverage, what we must do, your rights, and what you have to do as a member of our plan.

**List of Covered Drugs (Formulary or “Drug List”)** - A list of prescription drugs covered by the plan. The drugs on this list are selected by the plan with the help of doctors and pharmacists. The list includes both brand name and generic drugs.

**Member (Member of our Plan, or “Plan Member”)** - A person with Medicare who is eligible to get covered services, who has enrolled in our plan and whose enrollment has been confirmed by the Centers for Medicare & Medicaid Services (CMS).

**Member Services** - A department within our plan responsible for answering your questions about your membership, benefits, grievances, and appeals.

**Out-of-Pocket Costs** - See the definition for “cost-sharing” above. A member's cost-sharing requirement to pay for a portion of services or drugs received is also referred to as the member's “out-of-pocket” cost requirement.

**Premium** - The periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage.

**Prior Authorization** – Approval in advance to get services or certain drugs that may or may not be on our formulary. In the network portion of a PPO, some in-network medical services are covered only if your doctor or other network provider gets “prior authorization” from our plan. In a PPO, you do not need prior authorization to obtain out-of-network services. However, you may want to check with the plan before obtaining services from out-of-network providers to confirm that the service is covered by your plan and what your cost-sharing responsibility is. Covered services that need prior authorization are marked in the Benefits Chart in Chapter 4 of the Evidence of Coverage. Some drugs are covered only if your doctor or other network provider gets “prior authorization” from us. Covered drugs that need prior authorization are marked in the formulary.



## PLAN DOCUMENTS

Please keep an eye on your mailbox. Some of our resources will only be sent by mail, including Explanation of Benefits (EOB) documents which describe services or items you've received for your records.

Other documents, like this Summary of Benefits and the Evidence of Coverage (EOC) come in the mail, but copies are also available online.

This document, the Summary of Benefits, is a guide to using your Clover benefits. It's a great source for information about how to access care, about the structure of your plan, and about Medicare and Medicare Advantage. The Summary of Benefits provides context for the more detailed Evidence of Coverage document.

The Evidence of Coverage document is your source of truth for understanding what's covered by your plan. It describes in detail what services and items can be paid by Clover, including how much you'll pay for each.

The Annual Notice of Change (ANOC) is a document Clover uses to describe routine changes to your plan. We send the Annual Notice of Change to your home by September 30 to update you on any changes to your benefits.

## MEMBERSHIP CARDS

### **Clover Membership Card**

As a Clover member, you must bring your Clover membership card wherever you receive services covered by our plan, including pharmacies. If you'd like to see an example of your membership card, please refer to your EOC.

## WHO YOU'LL SPEAK WITH

### **Clover Member Services Department**

Our Member Services Department is here to answer questions about how your plan's benefits relate to your unique circumstances. We can discuss your coverage, respond to questions about financial responsibility or billing, connect you to clinical assistance and community resources, and even resolve any difficult concerns about your care. Our goal is to make it easier for you to understand your coverage and plan your health care.

We can also respond to questions by mail:

Clover Health, Attention: Member Services, PO Box 471, Jersey City, NJ 07303.

## **Clover Clinical Team**

Our Clinical Team works in your community and is available to visit you in your home, or other place you choose, to address your unique health concerns. Clover clinical staff offer a personalized approach, and a different kind of health care service than you might receive in your provider's office.

## **Clover Care Visit (CCV)**

To support your wellness throughout the year, Clover offers an annual check-in called a Clover Care Visit (CCV). This may include a physical examination, a review of current and past diagnoses and medications, and an opportunity to address your concerns and questions. To schedule a Clover Care Visit with one of our staff, please call us at [1-888-778-1478](tel:1-888-778-1478).

## **More Clinical Programs**

If you find you need more care than you're able to receive with your regular providers, let us know. Clover also makes available additional care beyond what's described here in certain circumstances.

## **UNDERSTANDING YOUR FINANCIAL RESPONSIBILITY**

In addition to what your plan pays towards your care, you may be responsible for a portion of the cost of your care - this is called your cost-share. You might pay your cost share at the time of service.

You'll receive an Explanation of Benefits (EOB) in the mail, listing the services or items you received and how much they cost. The EOB is not a bill. If you need to visit a hospital to receive care, you can ask them in advance for an estimate of how much you'll pay. You can get more information on cost-shares for specific services in your Evidence of Coverage document.

In the event of a medical episode, you may transition between different services and levels of care. Your Evidence of Coverage can help you understand how your benefits might function in a medical emergency. The following **fictional** example shows how to estimate your financial responsibility using the cost shares described in your EOC:

*Ms. Forest is a Clover Member in Bergen County, New Jersey. In January, Ms. Forest slips on ice and breaks her hip. Her neighbor drives her to the Emergency Room, where she is admitted inpatient at the hospital to receive surgery that day. She recovers in the hospital for three days, and is discharged to a Skilled Nursing Facility for 7 days for daily physical and occupational therapy in order to rehabilitate her hip.*

*Ms. Forest's total member financial responsibility is a sum of the following cost-shares for the services she received:*

- *One Emergency Care Visit = \$75 copayment per visit, waived if admitted*

- *3-Day Stay in Inpatient Hospital = \$290 copayment per day (\$290 x 3 days = \$870 copayment)*
- *7-Day Stay in Skilled Nursing Facility = \$0 copayment per stay (as member did not exceed 20-day stay)*
  - *Total Member Cost-Shares = \$870 (\$75 emergency care copay is waived)*

The above is an example, and the amounts described may differ from what's covered by your plan. The Evidence of Coverage (EOC) document associated with your plan is your best tool for estimating your financial responsibility for any given service. If you have additional questions or concerns, we are happy to help you estimate your financial responsibility. Call our Member Services Department at [1-888-657-1207](tel:1-888-657-1207).

## **EXPLANATION OF BENEFITS (EOB) AND PROVIDER BILLS**

It can be easy to confuse an Explanation of Benefits (EOB) and a Provider Bill. An EOB is mailed from Clover. A Provider Bill is mailed to you by your doctor.

### **Explanation of Benefits (EOB)**

After an appointment, procedure, or test, your provider will submit charges to Clover for the services you received in order to be reimbursed - this is called a claim. We process the claim according to your plan benefits, and send the payment to your provider. We will then mail an Explanation of Benefits (EOB) to your home to show you how the payment was applied: what the doctor charged for services, what Clover pays, and what you pay. The EOB is not a bill. It's an overview of the care you received and an explanation of payment, including which services are covered or not covered.

When you receive an EOB, confirm that the information in it is accurate, including your provider and facility information. If you notice any discrepancies or have additional questions about your EOB, reach out to our Member Services Team for help at [1-888-657-1207](tel:1-888-657-1207).

### **Provider Bills**

When you visit a physician, the provider will give you a bill upon leaving the office or will send you a bill in the mail. Often, you'll pay any cost-share or copayment due while you are in their office.

The provider will submit a claim to Clover, and send you a bill if they believe additional payment is due from you. Sometimes, you may get a bill from a provider whom you didn't see, like from a lab or a radiologist. If you ever feel that a Provider Bill is inaccurate, or that you're being asked to pay for something that should have been covered, please call our Member Services Team at [1-888-657-1207](tel:1-888-657-1207).

## USING CLOVER WITH OTHER INSURANCE

Many of our members have other insurance in addition to Clover. When you have other insurance (like employer group health coverage), there are rules set by Medicare that decide whether our plan or your other insurance pays first. The insurance that pays first is called the “primary payer” and pays up to the limits of its coverage. The one that pays second, called the “secondary payer,” only pays if there are costs left uncovered by the primary coverage. The secondary payer may not pay all of the uncovered costs.

It's important to let your doctor, hospital, and pharmacy know you have more than one insurance plan. Based on what each plan covers, your provider can determine how to appropriately file claims to be compensated for the services and items that you receive. If you have additional questions about using Clover with other insurance, call our Member Services Department at [1-888-657-1207](tel:1-888-657-1207).

## SUPPLEMENTAL BENEFITS

Clover plans provide all the benefits of Original Medicare, plus access to supplemental benefits that include some of the services and items our members use the most often to stay healthy. We partner with third parties to offer some of these specialized benefits, including vision, hearing, dental, and fitness. These benefits supplement Medicare-covered or diagnostic services for vision, hearing, or dental, so please refer to your plan's EOC for specific services and costs. For everything else, Clover will work directly with your provider to ensure you receive the care you need. See the supplemental benefits you receive by Clover in the categories below.

### Supplemental Vision

Clover covers one routine eye exam per year and a yearly allowance for glasses frames, lenses, or contact lenses through our vendor EyeQuest. How much you pay for glasses or contacts depends on the cost of the eyewear you choose. The following are examples only, to show you how your share of the cost is calculated. Your actual benefits may be different. Check your plan's Supplemental Vision Benefits in the grid on the following pages to learn the exact coverage amounts for your plan:

- Example One: If your plan has a \$20 copay and covers up to \$100 and you choose glasses that cost \$95
  - You pay the \$20 copay
  - Clover pays: \$75 up to the total cost of the glasses
    - Total cost:  $\$75 + \$20 = \$95$  cost of the glasses
- Example Two: If your plan has a \$20 copay and covers up to \$100, and you choose contact lenses that cost \$200
  - You pay the \$20 copay
  - Clover pays: \$100, up to the benefit maximum. This still leaves a \$80 balance on the eyewear you picked.
  - You pay the \$80 remaining balance in addition to your copay
    - Total cost:  $\$100 + \$20 + \$80 = \$200$  cost of the contact lenses

## **Supplemental Hearing**

While Original Medicare doesn't cover routine hearing services, your Clover plan does. We believe in treating hearing loss early. Clover works with TruHearing to provide valuable hearing aid services at a low-cost: one Routine Hearing Exam per year, two hearing aids, and three provider visits within the first year of receiving your aid. To see associated cost-shares, please refer to those benefits outlined in your EOC or speak to our Member Services Department at [1-888-657-1207](tel:1-888-657-1207).

Supplemental Hearing Benefits include the following services and cost-shares:

- One Routine Hearing Exam per year with a TruHearing provider, \$0 copayment
- Two TruHearing hearing aids per year, one for each ear:
  - Flyte Advanced aid, \$699 copayment for each hearing aid, or;
  - Flyte Premium aid, \$999 copayment for each hearing aid
- Three TruHearing Provider Visits within the first year of the hearing aid purchase
- 45-day trial period, 3-year extended warranty, and 48 batteries per aid

## **Supplemental Dental**

Quality dental care is an essential part of your overall health. Clover has partnered with DentaQuest to offer routine dental services. For additional Medicare covered services treating a dental condition, disease, or injury in a hospital setting, please refer to your EOC.

Supplemental Dental Benefits include the following services:

- Two Oral Exams per year, \$0 copayment
- Two Teeth Cleanings per year, \$0 copayment
- One Dental X-Ray per year, \$0 copayment

## **Gym**

All Clover members receive access to Silver Sneakers, a program which offers members free access to a network of gyms. Silver Sneakers' gyms offer activities like recreational swimming, aerobics, weight management services, nutrition counseling, and individualized fitness programs. To learn more about the program and see gyms in the Silver Sneakers network, visit <https://www.silversneakers.com/> or call our Member Services Department at [1-888-657-1207](tel:1-888-657-1207).

## **Telemedicine**

Teladoc is Clover's partner for telemedicine services. With Teladoc, you can arrange to speak with a board-certified doctor or mental health professional from the comfort of your home. You can speak by phone or video with a provider who can treat your minor symptoms, like cold, flu, allergies, infections; or mild to moderate behavioral health concerns. Teladoc doesn't replace your relationship with your Primary Care Provider (PCP), and we encourage you to coordinate use of Teladoc with the care for serious or chronic conditions that you receive from your regular care team.

Learn more about Teladoc by calling 1-800-835-2362, or learn more at <https://www.teladoc.com/>.

To schedule an appointment with a mental health specialist, available Monday through Friday from 8 am - 5pm, you can sign up online at <https://www.teladoc.com/>.

### Rewards and Incentives

We offer rewards when you participate in certain Clover services, in order to promote healthy habits. For more details on eligible activities and instructions on how to register for our reward program, Hello to Healthy Rewards by Clover, refer to your Hello to Healthy Welcome Kit. The kit will arrive by mail within the first month of your enrollment.

For more information on which services are covered in your plan and their applicable cost-shares, please refer to your Evidence of Coverage or call our Member Services Department at [1-888-657-1207](tel:1-888-657-1207), 8 am–8 pm local time, 7 days per week.

### MEDICAL BENEFITS CHART

The amounts you pay for some services do not count toward your maximum out-of-pocket amount. These services are marked with an asterisk in the Medical Benefits Chart in the EOC.

Premiums and Benefits	Clover Health PA Green (PPO)	What You Should Know
Monthly Plan Premium	You pay \$0	You must continue to pay your Medicare Part B premium. Clover offers a monthly \$20 subsidy towards your Part B premium every month that you are enrolled. Please refer to the EOC for more information.
Deductible	You pay \$0	These plans do not have a deductible for medical services. There is a deductible for prescription drugs in our plans with Part D coverage. Please refer to the prescription drug section for more information

Premiums and Benefits	Clover Health PA Green (PPO)	What You Should Know
Maximum Out-of-Pocket Responsibility ( <i>does not include prescription drugs</i> )	<p><b>In-Network &amp; Out-of-Network</b> \$6700 annually</p>	The most you pay for copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage	<p><b>In-Network</b> You pay a \$260 copay per day for days 1-6 You pay a \$0 copay per day for days 7-365</p> <p><b>Out-of-Network</b> You pay 25% of the cost</p>	Authorization rules may apply.
Outpatient Hospital Coverage	<p><b>In-Network</b> You pay a \$90 copay for each outpatient observation service You pay a \$350 copay for each outpatient surgery</p> <p><b>Out-of-Network</b> You pay 35% of the cost for each outpatient observation service and each outpatient surgery</p>	<p>Authorization rules may apply.</p> <p>Outpatient Surgery copay will apply if there is a surgical procedure during a screening colonoscopy.</p>

Premiums and Benefits	Clover Health PA Green (PPO)	What You Should Know
Doctor Visits <ul style="list-style-type: none"> <li>○ Primary Care Provider</li> <li>○ Specialists</li> </ul>	<p><b>In-Network</b> You pay a \$20 copay for each visit</p> <p><b>Out-of-Network</b> You pay 35% of the cost for each visit</p> <p><b>In-Network</b> You pay a \$40 copay for each visit</p> <p><b>Out-of-Network</b> You pay 35% of the cost for each visit</p>	
Preventive Care	<p><b>In-Network</b> You pay nothing</p> <p><b>Out-of-Network</b> You pay 35% of the cost for each visit</p>	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	<p><b>In-Network &amp; Out-of-Network</b> You pay a \$75 copay each visit</p>	Copay is waived if you are admitted to the hospital within 24 hours.
Urgently Needed Services	<p><b>In-Network &amp; Out-of-Network</b> You pay a \$40 copay each visit</p>	Copay is waived if you are admitted to the hospital within 24 hours.
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> <li>○ Lab Services</li> </ul>	<p><b>In-Network</b> You pay a \$10 copay</p> <p><b>Out-of-Network</b> You pay 35% of the cost</p>	Authorization rules may apply.



Premiums and Benefits	Clover Health PA Green (PPO)	What You Should Know
<ul style="list-style-type: none"> <li>○ Medicare-covered diagnostic tests and procedures</li>   <li>○ Outpatient diagnostic imaging tests (such as X-rays)</li>   <li>○ Advanced radiology services (such as MRI, PET, CT, Nuclear Medicine)</li> </ul>	<p><b>In-Network</b>  You pay up to a \$50 copay for each Medicare-covered outpatient diagnostic procedure and test in an office setting or outpatient facility</p> <p><b>Out-of-Network</b>  You pay 35% of the cost for each Medicare-covered outpatient diagnostic procedure and tests in an office setting or outpatient facility</p> <p><b>In-Network</b>  You pay up to a \$30 copay for each Medicare-covered X-Ray in an office setting or outpatient facility</p> <p><b>Out-of-Network</b>  You pay 35% of the cost for each Medicare-covered X-Ray in an office setting or outpatient facility</p> <p><b>In-Network</b>  You pay up to a \$100 copay for each Medicare-covered diagnostic radiology service in an office setting and a \$150 copay for each Medicare-covered diagnostic radiology service in an outpatient facility</p> <p><b>Out-of-Network</b>  You pay 35% of the cost for each Medicare-covered diagnostic radiology service in an office setting or outpatient facility</p>	

Premiums and Benefits	Clover Health PA Green (PPO)	What You Should Know
<ul style="list-style-type: none"> <li>○ Therapeutic radiology (such as radiation treatment for cancer)</li> </ul>	<p><b>In-Network</b> You pay a \$60 copay for each Medicare-covered therapeutic radiology service in an office setting or outpatient facility</p> <p><b>Out-of-Network</b> You pay 35% of the cost for each Medicare-covered therapeutic radiology service in an office setting or outpatient facility</p>	
<p>Hearing Services</p> <ul style="list-style-type: none"> <li>○ Medicare-covered hearing exam</li> <li>○ Routine hearing exam*</li> <li>○ Hearing aids*</li> </ul>	<p><b>In-Network</b> You pay a \$40 copay</p> <p><b>Out-of-Network</b> You pay 35% of the cost</p> <p><b>In-Network Only</b> You pay a \$0 copay</p> <p><b>In-Network Only</b> You pay a \$699 copay for each Flyte Advanced hearing aid or \$999 for each Flyte Premium hearing aid</p>	<p>You must see a TruHearing provider to use the routine hearing exam and hearing aid benefit.</p>
<p>Dental Services</p> <ul style="list-style-type: none"> <li>○ Preventive (such as oral exam &amp; cleaning)*</li> </ul>	<p><b>In-Network &amp; Out-of-Network</b> You pay a \$0 copay for preventive dental services</p>	

Premiums and Benefits	Clover Health PA Green (PPO)	What You Should Know
<ul style="list-style-type: none"> <li>○ Other dental services</li> </ul>	<p><b>In-Network</b>            You pay a \$0 copay for Medicare-covered services during an inpatient acute stay if medically necessary. Inpatient hospital copay rules apply.</p> <p><b>Out-of-Network</b>            You pay 25% of the cost for Medicare-covered services during an inpatient acute stay if medically necessary.</p>	

Premiums and Benefits	Clover Health PA Green (PPO)	What You Should Know
<p>Vision Services</p> <ul style="list-style-type: none"> <li>○ Medicare-covered vision services</li> <li>○ Medicare-covered eyewear</li> <li>○ Routine vision exam*</li> </ul>	<p><b>In-Network</b> You pay a \$40 copay for exams to diagnose and treat diseases and conditions of the eye</p> <p><b>Out-of-Network</b> You pay 35% of the cost for exams to diagnose and treat diseases and conditions of the eye</p> <p><b>In-Network</b> You pay a \$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery</p> <p><b>Out-of-Network</b> You pay 20% of the cost for one pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery</p> <p><b>In-Network &amp; Out-of-Network</b> You pay a \$0 copay for 1 routine eye exam per year</p>	
<ul style="list-style-type: none"> <li>○ Supplemental eyewear*</li> </ul>	<p><b>In-Network &amp; Out-of-Network</b> Our plan will pay up to \$150 per year for routine eyewear or contacts after you pay a \$0 copay.</p>	

Premiums and Benefits	Clover Health PA Green (PPO)	What You Should Know
<p>Mental Health Services</p> <ul style="list-style-type: none"> <li>○ Inpatient</li>   <li>○ Outpatient individual and therapy visits</li> </ul>	<p><b>In-Network</b>  You pay a \$260 copay per day for days 1-6 and a \$0 copay per day for days 7-365 for each stay</p> <p><b>Out-of-Network</b>  You pay 25% of the cost</p> <p><b>In-Network</b>  You pay a \$40 copay for each visit</p> <p><b>Out-of-Network</b>  You pay 35% of the cost for each visit</p>	<p>Authorization rules may apply.</p>
<p>Skilled Nursing Facility</p>	<p><b>In-Network</b>  You pay a \$0 copay per day for days 1-20 and a \$160 copay per day for days 21-100</p> <p><b>Out-of-Network</b>  You pay 35% of the cost</p>	<p>Authorization rules may apply. Our plan covers up to 100 days each year. No prior hospitalization stay is required.</p>
<p>Physical Therapy (rehabilitation services)</p> <ul style="list-style-type: none"> <li>○ Physical therapy, occupational therapy, and speech and language therapy visits</li> </ul>	<p><b>In-Network</b>  You pay a \$40 copay</p> <p><b>Out-of-Network</b>  You pay 35% of the cost</p>	<p>Authorization rules may apply.</p>
<ul style="list-style-type: none"> <li>○ Medicare-covered cardiac rehabilitation</li> </ul>	<p><b>In-Network</b>  You pay a \$40 copay</p> <p><b>Out-of-Network</b>  You pay 35% of the cost</p>	

Premiums and Benefits	Clover Health PA Green (PPO)	What You Should Know
<ul style="list-style-type: none"> <li>○ Medicare-covered pulmonary rehabilitation</li> </ul>	<p><b>In-Network</b> You pay a \$30 copay</p> <p><b>Out-of-Network</b> You pay 35% of the cost</p>	
Ambulance	<p><b>In-Network &amp; Out-of-Network</b> You pay a \$200 copay</p>	Authorization rules may apply.
Transportation	not covered	<p>Authorization rules may apply.</p> <p>Not covered unless other modes of transportation could endanger your health.</p>
Medicare Part B Drugs	<p><b>In-Network</b> You pay 20% of the cost for chemotherapy drugs and other Part B drugs</p> <p><b>Out-of-Network</b> You pay 35% of the cost for chemotherapy drugs and other Part B drugs</p>	Authorization rules may apply.
<p>Foot Care (podiatry services)</p> <ul style="list-style-type: none"> <li>○ Medicare-covered foot care</li> </ul>	<p><b>In-Network</b> You pay a \$40 copay</p> <p><b>Out-of-Network</b> You pay 35% of the cost</p>	
<ul style="list-style-type: none"> <li>○ Routine foot care</li> </ul>	not covered	

Premiums and Benefits	Clover Health PA Green (PPO)	What You Should Know
<p>Medical Equipment/Supplies</p> <ul style="list-style-type: none"> <li>○ Durable Medical Equipment (such as wheelchairs, oxygen)</li> <li>○ Prosthetics (such as braces, artificial limbs)</li> </ul>	<p><b>In-Network &amp; Out-of-Network</b> You pay 20% of the cost</p> <p><b>In-Network &amp; Out-of-Network</b> You pay 20% of the cost</p>	<p>Authorization rules may apply.</p>
<ul style="list-style-type: none"> <li>○ Diabetes supplies</li> </ul>	<p><b>In-Network</b> You pay a \$0 copay</p> <p><b>Out-of-Network</b> You pay 35% of the cost</p>	<p>There is no cost share for Johnson &amp; Johnson One-Touch Test Strips &amp; monitors and Roche Diagnostics Accu-Chek Test Strips &amp; monitors when obtained from an in-network pharmacy. You may be responsible for the full costs if other brands are purchased.</p> <p>35% coinsurance for diabetic strips &amp; monitors from an in-network or out-of-network durable medical equipment (DME) provider.</p> <p>There is no cost share for Medicare covered diabetes training, diabetic shoes &amp; inserts in-network.</p> <p>35% of the cost for Medicare covered diabetes training, diabetic shoes &amp; inserts out-of-network.</p>

<b>Premiums and Benefits</b>	<b>Clover Health PA Green (PPO)</b>	<b>What You Should Know</b>
Wellness Programs <ul style="list-style-type: none"><li>○ Fitness</li></ul>	<b>In-Network Only</b>  You pay a \$0 copay	Visit <a href="http://www.silversneakers.com">www.silversneakers.com</a> for more information.



## **PART D BENEFITS**

Your Clover plan includes Medicare Part D prescription drug coverage. Clover's comprehensive formulary lists all brand name and generic drugs that are covered by your plan. We also have relationships with a network of pharmacies. In many cases you'll save money at an in-network pharmacy.

Our formulary is divided into five tiers. Covered drugs have different cost shares depending on what tier they're assigned to. The grid on the following pages can help you understand your cost share for each medication you take. To estimate your share of cost:

- know what drugs you take
- look them up in the formulary to learn what tier they're assigned to
- use the grid on the following pages to learn your cost share for each tier

All Medicare Part D plans have four phases of coverage described in the grid on the following pages. Your share of the drug cost cost is different in each phase. If you need any assistance determining your drug costs throughout the year, please call Member Services.

**100 day fills**

Clover's plans cover 100 day fills of common maintenance medications. You can take advantage of this benefit as long as your provider feels that 100 day fills are suitable for your circumstances. You can fill these prescriptions at a preferred retail pharmacy, or by mail order through CVS Caremark Mail Order Pharmacy. You'll pay less per day for each maintenance medication with a 100-day fill.

**Long-Term Care Facilities & other circumstances**

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a standard retail pharmacy. Please see your Evidence of Coverage document for more information.

**If the drugs in our formulary don't meet your needs**

If you take a drug that isn't covered by our formulary, call our Member Services Department at [1-888-657-1207](tel:1-888-657-1207) to learn more about alternatives. You may be able to take an alternative medication or request a formulary exception. If the share of cost is too high for a drug you need, you can request that Clover cover that drug at a lower tier. For more information about formulary or tier exceptions refer to your Evidence of Coverage document.

**State Pharmaceutical Assistance Program (SPAP) Card**

State Pharmaceutical Assistance Programs (SPAP) are state-run programs that help qualifying low-income seniors or adults with disabilities pay for prescription drugs by covering premiums or copayments. SPAP coverage varies by state, so reach out to your state government office to see whether you're eligible and to understand the details of your state's coverage. Access the program contact information by state at <https://www.medicareinteractive.org/pdf/SPAP-Chart.pdf> or call our Member Services Department at [1-888-657-1207](tel:1-888-657-1207) for additional questions.

## Prescription Drug Coverage Stages

<b>Clover Health PA Green (PPO)</b>	
<b>Outpatient Prescription Drugs</b>	
<b>Deductible Stage</b>	During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs. You stay in this stage until you have paid \$150 for your Tier 3, 4 and 5 drugs.
<b>Initial Coverage Stage</b> (After you pay your deductible, if applicable)	After you pay your yearly deductible, you pay the copays or coinsurance until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and Clover Health. You may get your drugs at network retail pharmacies and mail order pharmacies.
<b>Coverage Gap Stage</b> (After the total amount for the prescription drugs you have filled and refilled reaches \$3,750)	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,750. Not everyone will enter the coverage gap.</p> <p>Brand name drugs: you pay 35% of the negotiated price and a portion of the dispensing fee. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs.</p> <p>Generic drugs: you pay no more than 44% of the cost, and the plan pays the rest. The amount paid by the plan (56%) does not count toward your out-of-pocket costs. Only the amount you pay counts and moves you through the coverage gap.</p> <p>When your total out-of-pocket costs for the year reach \$5,000, your coverage moves into the Catastrophic Stage and you pay less.</p>
<b>Catastrophic Coverage Stage</b> (After your out-of-pocket costs have reached the \$5,000 limit for the calendar year)	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• coinsurance of 5% of the cost of the drug, or</li> <li>• \$3.35 for a generic drug or a drug that is treated like a generic and \$8.35 for all other drugs.</li> </ul> <p>Our plan pays the rest of the cost.</p>

## Cost Shares During the Initial Coverage Stage

### Standard Retail Pharmacy

TIER	Clover Health PA Green (PPO)
<b>Tier 1:</b> Preferred Generic	You pay a \$5 copay per prescription for a 30-day supply You pay a \$15 copay per prescription for a 100-day supply
<b>Tier 2:</b> Generic	You pay a \$15 copay per prescription for a 30-day supply You pay a \$45 copay per prescription for a 100-day supply
<b>Tier 3:</b> Preferred Brand	You pay a \$45 copay per prescription for a 30-day supply You pay a \$135 copay per prescription for a 100-day supply
<b>Tier 4:</b> Non-Preferred Brand	You pay a \$95 copay per prescription for a 30-day supply You pay a \$285 copay per prescription for a 100-day supply
<b>Tier 5:</b> Specialty Tier	You pay a 30% coinsurance per prescription for a 30-day supply You pay a 30% coinsurance per prescription for a 100-day supply

## Cost Shares During the Initial Coverage Stage

### Preferred Retail Pharmacy

TIER	Clover Health PA Green (PPO)
<b>Tier 1:</b> Preferred Generic	You pay a \$0 copay per prescription for a 30-day supply You pay a \$0 copay per prescription for a 100-day supply

<b>TIER</b>	<b>Clover Health PA Green (PPO)</b>
<b>Tier 2:</b> Generic	You pay a \$10 copay per prescription for a 30-day supply You pay a \$30 copay per prescription for a 100-day supply
<b>Tier 3:</b> Preferred Brand	You pay a \$35 copay per prescription for a 30-day supply You pay a \$105 copay per prescription for a 100-day supply
<b>Tier 4:</b> Non-Preferred Brand	You pay a \$85 copay per prescription for a 30-day supply You pay a \$255 copay per prescription for a 100-day supply
<b>Tier 5:</b> Specialty Tier	You pay a 30% coinsurance per prescription for a 30-day supply You pay a 30% coinsurance per prescription for a 100-day supply

**Cost Shares During the Initial Coverage Stage**

**Mail Order Pharmacy (100-day supply)**

<b>TIER</b>	<b>Clover Health PA Green (PPO)</b>
<b>Tier 1:</b> Preferred Generic	You pay a \$0 copay per prescription for a 100-day supply
<b>Tier 2:</b> Generic	You pay a \$20 copay per prescription for a 100-day supply
<b>Tier 3:</b> Preferred Brand	You pay a \$70 copay per prescription for a 100-day supply
<b>Tier 4:</b> Non-Preferred Brand	You pay a \$170 copay per prescription for a 100-day supply

<b>TIER</b>	<b>Clover Health PA Green (PPO)</b>
<b>Tier 5:</b> Specialty Tier	You pay a 30% coinsurance per prescription for a 100-day supply



# Clover is here for you.

 **1-610-222-6222 (TTY 711)**

8 am–8 pm local time, 7 days/week\*

 **Visit us at [cloverhealth.com/enroll](https://cloverhealth.com/enroll)**

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\*Between February 15th and September 30th, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Clover Health is a Preferred Provider Organization (PPO) plan with a Medicare contract. Enrollment in Clover Health depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat Clover members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Clover Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-657-1207 (TTY 711). Clover Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-888-657-1207 (TTY 711). Clover Health 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。小貼士：如果您說普通話，歡迎使用免費語言協助服務。請撥 1-888-657-1207 (TTY 711)。

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